rard 6/11/2 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/30/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING C B WING 445501 05/18/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE WEST HILLS HEALTH AND REHAB KNOXVILLE, TN 37919 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY F 000 INITIAL COMMENTS F 000 Amended Statement of Deficiencies Investigation of Complaint (C/O) numbers: TN29763, TN29218, TN28817, TN29040, and TN28711, was conducted May 14-18, 2012. No deficiencies were cited for C/O #29218, #28817. #29040, and #28711. Based on survey findings the facility was cited an Immediate Jeopary (a situation in which the provider's noncompliance with one or more requirements of participation, has caused or is likely to cause, serious harm, injury, impairment or death) for failing to provide emergency resuscitation when one resident (#1) with advanced directives to resuscitate, was found without respirations. A partial extended survey was completed on May 18, 2012 The Administrator, the Corporate Nurse, and the Director of Nursing were informed of the Immediate Jeopardy in the Administrator's office, on May 18, 2012, at 11:00 a.m. The Immediate Jeopardy was effective from May 9, 2012, through May 16, 2012. Substandard Quality of Care was cited under F309-J. An Acceptable Allegation of Compliance was received and corrective actions were validated on-site by the surveyor on May 18, 2012. Non-compliance of the Immediate Jeopardy tags continues at a scope and severity of at a "D" level for monitoring of corrective actions. The facility is required to submit a plan of BORATORY-DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued organ participation.

RM CMS-2567(02-99) Previous Versions Obsolete

Event ID: LG2N11

Facility ID: TN4719

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		AND HUMAN SERVICES & MEDICAID SERVICES				APPROVED . 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	SURVEY ETED
		445501	B. WING	3		C 8/2012
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F 000	Continued From pa		F 00	00		
	483.10(b)(4) RIGH ADVANCE DIRECT	T TO REFUSE; FORMULATE	F 15	55		6/6/12
	refuse to participate and to formulate an	e right to refuse treatment, to e in experimental research, advance directive as aph (8) of this section.				
	by: Based on medical review, and intervie advance directives	NT is not met as evidenced record review, facility policy ws, the facility failed to follow to provide emergency e resident (#1) of twenty				
The section of the se	Resuscitation (CPR least five minutes at without respirations and the resident wa diagnosed and decl	resulted in Cardio-Pulmonary) not being initiated for at fter the resident was found , CPR being unsuccessful, s pronounced (officially ared) dead at 8:05 p.m. on acility's failure resulted in an				
	Director of Nursing	he Corporate Nurse, and the were informed of the y in the Administrator's office, 11:00 a.m.				
1	The findings include	d:			75	

FORM CMS-2567(02-99) Previous Versions Obsolete

Medical record review revealed Resident #1 was

initially admitted to the facility on July 16, 2005.

Event ID: LG2N11

Facility ID: TN4719

If continuation sheet Page 2 of 19

1. Resident #1 no longer resides

at the facility as of 5/9/12.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/30/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES **FORM APPROVED** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 445501 05/18/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE WEST HILLS HEALTH AND REHAB KNOXVILLE, TN 37919 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 155 | Continued From page 2 F 155 Review of a history and physical dated May 8, 2012 revealed the resident had diagnoses of The three Licensed Nurses Hypertension, Lumbago, Atherosclerotic Cardiovascular Disease, Neuralgia, Depression, involved were inserviced on Failure to Thrive, Delusions, Vascular Heart 5/9/12 by the Director of Disease, Panniculitis, Osteoporosis, Anxiety, Nursing on the "Code Arrest" Fractured Hip, Pneumonia, and Urinary Tract Infection. Further review of this history and policy and procedure. physical revealed Resident #1 was a "full code" (has advance directives for resuscitation measures, if found without breath or pulse, which 2. The Director of Nursing may include providing respirations, chest completed a 100% audit of compressions, electrical shock, and Code Arrests for the previous medications). 3 months and no residents Review of Departmental Notes (computerized were identified as having multi-disciplinary notes), dated May 3, 2012, been affected. revealed the resident fell out of the bed, at approximately 11:50 p.m., and was transferred to the hospital. Further record review revealed the A 100% audit of the resident's resident was readmitted to the facility on May 7, POST form and physician's 2012, following hospitalization for surgical repair of a left hip fracture. order was completed to verify accuracy on 5/11/12 by Review of the resident's Re-Admission Orders, dated May 7, 2012, revealed "Code Status: Full". Medical Records Supervisor. Review of Physician's Orders for May 7 to May 31, 2012, revealed Code Status was "Full Code". One hundred percent of Review of the resident's Care Plan, dated December 28, 2011, revealed, "Advance resident's Plan of Care were Directive...Full Code...Resuscitate".

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Review of facility Departmental Notes dated May 9, 2012, at 7:35 p.m. revealed, "...resident did not

palpated..." Further review of the Departmental Notes revealed, "7:40 p.m. Code was called and CPR was intiated...7:50 p.m. EMS (Emergency

have signs of respirations or was a pulse

Event ID: LG2N11

Facility ID: TN4719

audited for accuracy and completion of code status by

Nursing Supervisor and Medical

Records Director on 5/11/12.

If continuation sheet Page 3 of 19

		E & MEDICAID SERVICES				APPROVE 0. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	TIPLE CONSTRUCTION DING	(X3) DATE S	SURVEY
		445501	B. WING		05/	C 18/2012
	PROVIDER OR SUPPLIER	REHAB	s	TREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919	1 03/	16/2012
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	Review of undated Procedure and Pro GuidelinesFirst p CPR and call for he directed by physicial Interview with Certiff, on May 14, 201 of Nurses (DON) or by the first floor din 7:30 p.m. and obsein a geri chair. Furth #1 observed Reside the resident was un CNA #1 statedwe Licensed Practical I medication in the hawent to the resident another nurse (LPN unable to find LPN #2 toldto take from CNA #1 stated the resident and no resuscitation LPN #2 toldto take from CNA #1 stated the 200 hall, whill #1. CNA #1 statedwas breathing or no time I found someorup with a blanket" still remained in the resuscitation was stavent out into the hall	arrived8:05 p.m. EMS called scitation efforts) the code, and bunced at the facility." policy titled, "Code Arrest - tocol", revealed, "General erson on the scene will begin elp. Continue until otherwise an or relieved." fied Nursing Assistant (CNA) 2, at 1:40 p.m., in the Director ffice, revealed CNA #1 walked ing room at approximately rved Resident #1 sitting alone ther interview revealed CNA ent #1's "color looked bad" and presponsive when spoken to. In to get a nurse and found Nurse (LPN) #2 passing allway. CNA #1 stated LPN #2 and sent CNA #1 to find #1). CNA #1 stated she was #1, and returned to the dining a was with the resident. CNA and was started. CNA #1 stated to the resident's deceived to the resident to the resident's deceived to the resident to the resident to the stated. The like thatI coveredface CNA #1 stated the resident to the resident to the like thatI coveredface CNA #1 stated the resident	F 15	All resident's code status were verified on 5/11/12 by the Medical Records Supervisor. 3. The Staff Development Coordinator and Assistant Director of Nursing inserviced 100% of Licensed Nurses on the facility policy and procedure for "Code Arre 5/9/12-5/16/12. Inservicing on the facility policy and procedure for "Code Arrest" was completed for Certified Nursing Assistant's, dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administra admissions, medical record human resources by Directof Nursing and Staff Development Coordinator 5/9/12-5/23/12.	st" ator, ds, tor	

		H AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	1 APPROVEI 0. 0938-039
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	SURVEY ETED
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	ROVIDER OR SUPPLIER	EHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
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	time) when one of remember which) of and went to find Ref #1 stated the LPN no crash cart or resinto the room. CNA the second floor and p.m. Interview with RN # p.m., in the DON's working in the treat evening of May 9, 2 came to office at an not know exact time me that I needed to #1) was not breath the resident's room geri-chair with LPN there were no effort the resident. RN #1 have any respiration pupils were fixed (ulight). RN #1 stated she was a DNR (ad resuscitation)". RN nurse's station and	inutes (does not know exact the nurses (does not came out of the resident's room egistered Nurse (RN) #1. CNA returned with RN #1, there was suscitation equipment taken at 1 stated then returned to do then clocked out at 7:42. If, on May 14, 2012, at 2:07 office revealed RN #1 was ment nurse's office on the 2012. RN#1 stated LPN #2 oproximately 7:30 p.m. (does a). RN#1 stated LPN #2, "told a pronounce (Resident ning". RN #1 stated went to and found the resident in a #1 in the room. RN #1 stated as being made to resuscitate stated the resident did not as or pulse, and the resident's nmoving and un-reactive to a, "I was under the assumption vance directive to not attempt #1 stated went to the called the resident's family, time this occurred. RN #1	F 15	Any staff that have not been inserviced due to vacation or Family Medi Leave Act will be inserviprior to returning to work Licensed Nurses, Certifications, Social services therapists, business office Administrator, admission medical records and hur resources, will complete certification. Licensed Nand Certified Nursing As will complete their BLS certification. Dietary, housekeeping, maintena activities, social services therapists, business offices	ced rk. ed ary, ance, ns, te, nan CCPR durses sistants	
	stated told the son #1 stated LPN #1 in conversation, and R LPN #1, and looked	the resident had expired. RN terrupted the phone N #1 handed the telephone to at the resident's medical RN #1 stated the medical		Administrator, admission medical records and hun resources will complete Saver CPR, AED certificat	nan Heart	

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record stated the resident was a full code. RN #1 stated the DON was called, and staff took the crash cart (wheeled cart with resuscitation equipment) to the resident's room, and began

Event ID: LG2N11

Facility ID: TN4719

Any staff that does not have

If continuation sheet Page 5 of 19

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445501	B. WIN	IG		C 05/18/2012	
	PROVIDER OR SUPPLIER	REHAB		680	ET ADDRESS, CITY, STATE, ZIP CODE 11 MIDDLEBROOK PIKE OXVILLE, TN 37919		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 155	stated residents the have CPR immedicardio-Pulmonary respirations). RN # by EMS until the resident with LPN a.m., in the DON's working on the first stated was at the called Resident #1 stated recognized sound of CNA #1's know what time this secured my medicated that way". LPN #2 LPN #2 needed to the resident was siroom. LPN #2 stated thoughthad passefixed skin was constated told CNA # and remove the rost stated went to find hall. LPN #2 stated good". LPN #3 stated good good good good good good good go	Resuscitation (CPR). RN #1 at are full code status are to ately when found in arrest (no pulse or a stated CPR was continued esident was pronounced dead nown by RN #1). #2, on May 15, 2012, at 11:25 office revealed LPN #2 was a floor on May 9, 2012. LPN #2 end of 400 hall when CNA #1 is name. LPN #2 stateddid not so occurred. LPN #2 stated "I ne cart and started walking stated CNA #1 called out that "come in here". LPN #2 stated ting in geri-chair in dining ed, "was not breathing. I ed awayeyes were of to touch" LPN #2	F1	55	current CPR certification will be trained by certifie CPR instructors, Charles I Shannon Mentgen and K Ledford 6/2/12-6/6/12. CPR certifications will be by the Staff Development Coordinator in her office Any staff that have not obtained a CPR certificate due to vacation or Family Medical Leave Act will do so prior to returning to what is a certificate of the current BLS certification upon completion of their orientation. Training will be completed by the Staff Development Coordinator or a Certified CPR instructor.	Perry, yla All kept it cion y o work. ff	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING C B WING 445501 05/18/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE WEST HILLS HEALTH AND REHAB KNOXVILLE, TN 37919 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 155 Continued From page 6 F 155 Dietary, housekeeping, that delivers a stimulating shock to the patient's maintenance, activities, heart)." social services, therapists,

Interview with LPN #1, on May 15, 2012, at 12:49 p.m., in the DON's office revealed LPN #1 was the nurse assigned to Resident #1 on May 9. 2012. LPN #1 stated...was passing medications on the 300 hall, at approximately 7:35 p.m. (does not know exact time), when LPN #2 stated. "come check...something is wrong...". LPN #1 stated they went to the resident's room, where the resident was in a geri-chair. LPN #1 stated, "...color was grey, not good ...did not appear that...was breathing..." LPN #1 also stated, "my assessment was that...had no pulse or respirations...had expired". LPN #1 stated LPN #2 went to get RN #1 to "assess" the resident. LPN #1 stated, "I thought...was a DNR". LPN #1 stated...went to check the chart, at the nurse's station, and found the resident was a "full code". LPN #1 stated RN#1 and LPN #2 had just arrived at the nurses station, and...told RN #1 that the resident was a full code. LPN #1 stated RN #1 and LPN #2 took the crash cart to the resident's room to begin CPR. LPN #1 stated...stayed at the nurse's station.

Interview with the DON, on May 16, 2012, at 5:00 p.m., in the DON's office, confirmed residents with advance directives for a full code, are to have CPR intiated immediately when found without breath or pulse.

In summary, the facility failed to immediately provide CPR for Resident #1, when the resident was found without breath or pulse on May 9, 2012. The facility failed to honor the resident's

Dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources will be required to complete a Heart Saver CPR, AED certification within their first 90 days of employment. Training will be completed by the Staff Development Coordinator or a Certified CPR instructor.

All POST forms were placed in plastic sleeves and located at the front of the resident's chart by Medical Records Supervisor on 5/11/12.

One hundred percent of Licensed Nurses were inserviced by the Staff Development Coordinator on the POST form location in the front of the chart in a protective plastic sleeve from 5/9/12-5/16/12.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: LG2N11

Facility ID: TN4719

If continuation sheet Page 7 of 19

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 05/18/2012	
	ROVIDER OR SUPPLIER	EHA	AB	680	ET ADDRESS, CITY, STATE, ZIP CODE 11 MIDDLEBROOK PIKE IOXVILLE, TN 37919		
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F 155	not initiated for at I was unsuccessful 8:05 p.m., on May The Immediate Je 9, 2012 to May 16, Allegation of Compimmediacy of the j corrective actions through review of and observations of 2012. The survey compliance by: 1. Reviewing the Impolicy and procedure provided to staff for 2. Verified that 100 records had been place the advance form) immediately record. 3. Conducted interthe facility to verify and were oriented procedure. All nurs resident's advance 4. Interviewed the Development Cook	pparagraphic and a season of a	full code, and CPR was five minutes. The CPR the resident expired at 012. dy was effective from May 2. An Acceptable ce, which removed the ardy, was received and evalidated by the surveyor ments, staff interviews, ucted onsite on May 18, crified the allegation of vices on resuscitation titled "Code Arrest" May 9 to May 16, 2012. If the current medical ted and reorganized to ctives document (POST de the front cover of the reswith all nurses present in 8 had been inserviced and reorganized to ctives. If and the Staff and the staff and the Staff ator to verify the content of 100% of staff had been a Arrest policy and arrest policy and arrest policy and a Arrest policy and	F 155	Licensed Nurses, Certin Nursing Assistants, Die housekeeping, mainter activities, social service therapists, business of Administrator, admission medical records and housekeeping medical records and house were inserved for forms were inserved for forms. All resident's forms, that classify the resident's Code status be placed in a plastic so in the resident's Medical Administration Record and in the very front of the resident's chart by Medical Records. POS forms will be audited Medical Records within 24 hours of admission the next business day, with any physician's of changes and during quechart audits. Any staffin and the service of the resident's chart audits. Any staffin for the resident for the next business day, with any physician's of changes and during quechart audits. Any staffin for the resident for the resident for the next business day, with any physician's of changes and during quechart audits. Any staffin for the resident for the resident for the next business day, with any physician's of the next business day, with any physician's of the next business day.	etary, nance, es, es, esions, uman iced Staff ator of POST e , will sleeve cation d of / T by in or , rder uarterly	

have not been inserviced due to vacation or Family Medical Leave Act will be inserviced prior to returning to work.

Mock "Code Arrest" drills will be completed by the Director of Nursing, Assistant Director of Nursing or Staff Development Coordinator on each shift monthly for the next three months and/or until 100% compliant. Results will be audited by the Director of Nursing and Staff Development Coordinator for compliance.

Licensed Nurses, Certified Nursing Assistants, Dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources will be inserviced on 6/4/12-6/6/12 by Lucinda R. Troyer, J.D., B.A.. on Compassionate and Person Centered Training Honoring Residents Life Choices and Advance Directives. Any staff unavailable due to Family Medical Leave Act or vacation will be inserviced via audio recording of Ms. Troyer's inservice prior to returning to work.

4. All POST forms & physician's orders will be audited for accuracy and completion upon admission by the Medical Records Supervisor and placed in the front of the chart in a plastic sleeve for 3 months and/or until 100% compliant.

Each resident's POST form will be audited at least quarterly per their Plan of Care schedule by the Social Worker for 3 months and/or until 100% compliant.

Audits will be conducted on each "Code Arrest" for compliance with the "Code Arrest" policy and procedure by the Director of Nursing or Assistant Director of Nursing for 3 months and/or until 100% compliant.

Audits will be completed on all new admissions and new physician's orders by the Director of Nursing or Nursing Supervisor for 3 months and/or until 100% compliant beginning 5/11/12.

All staff will be trained on our "Code Arrest" policy and procedure during their orientation, as needed and at least annually by the Director of Nursing or Staff Development Coordinator. The Director of Nursing or Assistant Director of Nursing will audit the code status to include the Plan of Care with every new admission, quarterly and with any change in physician's orders for 3 months and/or until 100% compliant.

Any identified issues or concerns will be reported to the Director of Nursing or **Assistant Director of Nursing** immediately for review. Results of all audits will be reported to the Quality Assurance Performance Improvement Committee for 3 months and/or until100% compliance. The Quality Assurance Performance Improvement Committee is comprised of the Medical Director, Administrator, Director of Nursing, Medical Records Coordinator, Minimum Data Set Coordinator, Social Services, Activities, Dietary Manager, Environmental Services Supervisor, Maintenance Director, Business Office Manager, Admissions Director and Human Resources.

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The Contract	ULTIPLE LDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	EHAB		6801	r address, city, state, zip code Middlebrook pike OXVILLE, TN 37919	-	
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F 309 SS=J	been inserviced an resident found with 6. Interviewed the 1 and confirmed 100 and the advance di correct and on the confirmed the Med continue to audit the confirm compliance 7. Interview with the resident's advance least quarterly to en accurate. Non-compliance compliance compliance to submit 3 483.25 PROVIDE CHIGHEST WELL BEACH resident must provide the necessor maintain the high mental, and psychological accordance with the and plan of care. This REQUIREMENT by: Based on medical review, and interview immediately provided.	vorking and verified all had ad knew how to respond to a cout breath or pulse. Medical Records Supervisor of records had been audited irectives/POST form was front of the record. Also ical Records Supervisor will be records for three months to e. Social Worker verified each directives will be audited at a sure the document is ontinues at a "D" level for ctive actions. The facility is a plan of correction. CARE/SERVICES FOR EING Treceive and the facility must ary care and services to attain thest practicable physical, is social well-being, in the comprehensive assessment. AT is not met as evidenced record review, facility policy ws, the facility failed to	F 1	09			6/6/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING C B. WING 445501 05/18/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE WEST HILLS HEALTH AND REHAB KNOXVILLE, TN 37919 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 309 Continued From page 9 F 309 Resident #1 no longer resides of care, for one resident (#1) of twenty residents at the facility as of 5/9/12. reviewed. The three Licensed Nurses The facility's failure resulted in CPR not being involved were inserviced on initiated for at least five minutes after the resident was found without respirations, CPR was 5/9/12 by the Director of unsuccessful, and the resident was pronounced Nursing on the "Code Arrest" (officially diagnosed and declared) dead at 8:05 p.m. on May 9, 2012. The facility's failure policy and procedure. resulted in an Immediate Jeopardy. 2. The Director of Nursing The Administrator, the Corporate Nurse, and the Director of Nursing were informed of the completed a 100% audit of Immediate Jeopardy in the Administrator's office, Code Arrests for the previous on May 18, 2012, at 11:00 a.m. 3 months and no residents The findings included: were identified as having been affected. Medical record review revealed Resident #1 was initially admitted to the facility on July 16, 2005. Review of a history and physical dated May 8, A 100% audit of the resident's 2012 revealed the resident had diagnoses of POST form and physician's Hypertension, Lumbago, Atherosclerotic Cardiovascular Disease, Neuralgia, Depression, order was completed to verify Failure to Thrive, Delusions, Vascular Heart accuracy on 5/11/12 by Disease, Panniculitis, Osteoporosis, Anxiety, Medical Records Supervisor. Fractured Hip, Pneumonia, and Urinary Tract

FORM CMS-2567(02-99) Previous Versions Obsolete

medications).

Infection. Further review of this history and physical revealed Resident #1 was a "full code"

measures, if found without breath or pulse, which

(has advance directives for resuscitation

may include providing respirations, chest

Review of Departmental Notes, dated May 3,

2012, revealed the resident fell out of the bed, at approximately 11:50 p.m., and was transferred to

compressions, electrical shock, and

Event ID: LG2N11

Facility ID: TN4719

One hundred percent of

audited for accuracy and

resident's Plan of Care were

completion of code status by

Records Director on 5/11/12.

Nursing Supervisor and Medical

If continuation sheet Page 10 of 19

	,			APPROVED . 0938-0391
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL	
445501	B. WING_		1	18/2012
		6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919	COTION	
Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SH	IOULD BE	COMPLETION DATE
en record review revealed the nitted to the facility on May 7, spitalization for surgical repair ent's Re-Admission Orders, revealed "Code Status: Full". In's Orders for May 7 to May Code Status was "Full Code". ent's Care Plan, dated 1, revealed, "Advance eResuscitate". Repartmental Notes dated May In. revealed, "resident did not rations or was a pulse review of the Departmental 40 p.m. Code was called and 7:50 p.m. EMS (Emergency enrived8:05 p.m. EMS called actiation efforts) the code, and unced at the facility." Policy titled, "Code Arrest - accol", revealed, "General erson on the scene will begin alp. Continue until otherwise an or relieved." Fied Nursing Assistant (CNA) 2, at 1:40 p.m., in the Director fice, revealed CNA #1 walkeding room at approximately	F 309	were verified on 5/11 by the Medical Recor Supervisor. 3. The Staff Developmer Coordinator and Assist Director of Nursing inserviced 100% of Licensed Nurses on the facility policy and procedure for "Code 5/9/12-5/16/12. Inservicing on the fact policy and procedure "Code Arrest" was completed for Certified Nursing Assistant's, dietary, housekeeping maintenance, activities social services, therap business office, Admit admissions, medical reservices.	ds nt stant Arrest" ility for ed s, es, oists, nistrator, ecords,	
	IDENTIFICATION NUMBER:	EMBEDICAID SERVICES (X1) PROVIDER/SUPPLIERICLIA IDENTIFICATION NUMBER. 445501 B. WING ST WINST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) B. WING Green's Re-Admission Orders, revealed "Code Status: Full". Th's Orders for May 7 to May Code Status was "Full Code". ent's Care Plan, dated 1, revealed, "Advance e Resuscitate". Repartmental Notes dated May In. revealed, " resident did not rations or was a pulse review of the Departmental 40 p.m. Code was called and 7:50 p.m. EMS (Emergency arrived 8:05 p.m. EMS called scitation efforts) the code, and unced at the facility." Poolicy titled, "Code Arrest-cocol", revealed, "General erson on the scene will begin alp. Continue until otherwise in or relieved." Fied Nursing Assistant (CNA) 2, at 1:40 p.m., in the Director fice, revealed CNA #1 walked ing room at approximately	**EMEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501 **AUSTOS DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) **IGE 10 **GREET ADDRESS. CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919 **PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHEET) TAGE **PROVIDER'S PLAN OF CORRECTIVE ACTION SHEET) TAGE **PREFIX TAGE CORRECTIVE ACTION SHEET) TAGE **PROVIDER'S PLAN OF CORECTIVE ACTION SHEET) TAGE **PROVIDER'S PLAN OF CORECT	SAMEDICAID SERVICES CX2) MULTIPLE CONSTRUCTION (X3) DATE S COMPU.

FORM CMS-2567(02-99) Previous Versions Obsolete

#1 observed Resident #1's "color looked bad" and

the resident was unresponsive when spoken to. CNA #1 stated ...went to get a nurse and found

Event ID: LG2N11

Facility ID: TN4719

If continuation sheet Page 11 of 19

5/9/12-5/23/12.

DEPAR"	TMENT OF HEALTH	HAND HUMAN SERVICES				APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPL	ETED
		445501	B. WING		05/1	C 8/2012
	ROVIDER OR SUPPLIER LLS HEALTH AND R	ЕНАВ	680	ET ADDRESS, CITY, STATE, ZIP CODE 11 MIDDLEBROOK PIKE OXVILLE, TN 37919		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
				Any staff that have not		
F 309	Continued From pa	ige 11	F 309	been inserviced due to		
		Nurse (LPN) #2 passing		vacation or Family Medi	cal	
		allway. CNA #1 stated LPN #2 t, and sent CNA #1 to find		Leave Act will be inservi		
	another nurse (LPN unable to find LPN	#1). CNA #1 stated she was #1, and returned to the dining		prior to returning to wo		
		2 was with the resident. CNA ent was still in the geri chair		Licensed Nurses, Certifie	vd.	
		n was started. CNA #1 stated		Nursing Assistants, dieta		
	LPN #2 toldto tak	e the resident to the resident's		housekeeping, maintena	F455	
		edtook the resident toroom le LPN #2 went to find LPN		activities, social services	50	
		did not know if the resident		9650 5597 00 50 550 5500 A		
	was breathing or no	ot, but stated, "it was the first		therapists, business offic	4	
		ne like thatI coveredface		Administrator, admission	Ø.	
	still remained in the	CNA #1 stated the resident		medical records and hun		
2	resuscitation was st	tarted. CNA #1 stated she		resources, will complete		
	went out into the ha	ll when LPN #1 and LPN #2		certification. Licensed N	urses	
		atedwaited in the hall for nutes (does not know exact		and Certified Nursing Ass	sistants	
	time) when one of the			will complete their BLS		
	remember which) ca	ame out of the resident's room		certification. Dietary,		
		gistered Nurse (RN) #1. CNA		housekeeping, maintena	nce,	
		eturned with RN #1, there was uscitation equipment taken		activities, social services,	-	
		#1 statedthen returned to		therapists, business office		
1		then clocked out at 7:42		Administrator, admission		
	p.m.			medical records and hum		
	Interview with RN#	1, on May 14, 2012, at 2:07		resources will complete F		
		office revealed RN #1 was		AND BENEFIT OF STREET		
		nent nurse's office on the		Saver CPR, AED certificati		
		012. RN#1 stated LPN #2 proximately 7:30 p.m. (does		Any staff that does not ha	ave	
). RN#1 stated LPN #2, "told		current CPR certification		
1	me that I needed to	pronounce (Resident		will be trained by certified	d	
		ing". RN #1 statedwent to and found the resident in a		CPR instructors, Charles P	55 CO	

Shannon Mentgen and Kyla

		HAND HUMAN SERVICES E & MEDICAID SERVICES			FORM	APPROVED 0. 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION ILDING	(X3) DATE S COMPL	ETED
		445501	B. WIN	NG	05/	C 18/2012
	ROVIDER OR SUPPLIER	EHAB		STREET ADDRESS, CITY, STATE, ZIP 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 309	geri-chair with LPN #1 in the room. RN #1 stated there were no efforts being made to resuscitate the resident. RN #1 stated the resident did not have any respirations or pulse, and the resident's pupils were fixed (unmoving and un-reactive to light). RN #1 stated, "I was under the assumption she was a DNR (advance directive to not attempt resuscitation)". RN #1 statedwent to the nurse's station and called the resident's family, does not know the time this occurred. RN #1 statedtold the son the resident had expired. RN #1 stated LPN #1 interrupted the phone conversation, and RN #1 handed the telephone to LPN #1, and looked at the resident's medical record with LPN #2. RN #1 stated the medical record stated the resident was a full code. RN #1 stated the DON was called, and staff took the crash cart (wheeled cart with resuscitation equipment) to the resident's room, and began Cardio-Pulmonary Resuscitation (CPR). RN #1		F3	CPR certifications by the Staff Devel Coordinator in he Any staff that hav obtained a CPR ce due to vacation or Medical Leave Act so prior to returni All Licensed Nursi and Certified Nursi Assistants will be to have current Bl certification upon completion of the orientation. Train	by the Staff Development Coordinator in her office. Any staff that have not obtained a CPR certification due to vacation or Family Medical Leave Act will do so prior to returning to work. All Licensed Nursing staff and Certified Nursing Assistants will be required to have current BLS certification upon	
1	by EMS until the rest by EMS (time unknown). Interview with LPN a.m., in the DON's working on the first stated was at the called Resident #1's stated recognized sound of CNA #1's	arrest (no pulse or 1 stated CPR was continued sident was pronounced dead own by RN #1) #2, on May 15, 2012, at 11:25 office revealed LPN #2 was floor on May 9, 2012. LPN #2 end of 400 hall when CNA #1		be completed by to Staff Development Coordinator or a Certified CPR instruction Dietary, housekeed maintenance, activations of the Social Services, the business office, Adadmissions, medical Complete Staff Coordinates of the Staff Coordinates of	t uctor. ping, vities, erapists, lministrator,	

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"I secured my medicine cart and started walking that way". LPN #2 stated CNA #1 called out that LPN #2 needed to "come in here". LPN #2 stated

Event ID: LG2N11

Facility ID: TN4719

and human resources will

be required to complete a Heart Saver CPR, AED

If continuation sheet Page 13 of 19

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPL LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445501	B. WIN			C 05/18/2012	
	PROVIDER OR SUPPLIER	ЕНАВ		680	ET ADDRESS, CITY, STATE, ZIP CODE 1 MIDDLEBROOK PIKE OXVILLE, TN 37919		· - · · ·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	room. LPN #2 state thoughthad passe fixedskin was constatedtold CNA #room and remove statedwent to find hall. LPN #2 stated good". LPN #2 stated in the resident's room pulse. LPN #2 state were made. LPN #2 resident and went to statednotified RN the resident's room outwas a full code station)and RN #1 resident's room and Automatic External that delivers a stimulheart)." Interview with LPN #p.m., in the DON's of the nurse assigned 2012. LPN #1 state on the 300 hall, at a not know exact time "come checksome stated they went to the resident was in a ge"color was grey, not thatwas breathing assessment was that respirationshad ex #2 went to get RN #	etting in geri-chair in dining ed, "was not breathing. I ed awayeyes were of to touch" LPN #2 1 to take the resident to e the room-mate. LPN #2 1 LPN #1, who was on the 300, "I toldwas not looking ed they assessed Resident #1 om and found no breath or ed no resuscitation efforts estatedleft LPN #1 with the find RN #1. LPN #2 #1 and they headed back to LPN #2 stated "I found ex(from LPN #1 at the nurse's I took the crash cart to the I began CPR and attached the Defibrillator (AED, a device allating shock to the patient's extended the Defibrillator (AED, a device allating shock to the patient's extended the Defibrillator (AED, a device allating shock to the patient's extended the Defibrillator (AED, a device allating shock to the patient's extended the Defibrillator (AED, a device allating shock to the patient's extended the Defibrillator (AED, a device allating shock to the patient's extended the Defibrillator (AED, a device allating shock to the patient's extended the Defibrillator (AED, a device allating shock to the patient's extended the Defibrillator (AED, a device allating shock to the patient's extended the Defibrillator (AED, at 12:49 office revealed LPN #1 was to Resident #1 on May 9, dwas passing medications peroximately 7:35 p.m. (does extended), when LPN #2 stated, extended the process of the patient is wrong" LPN #1 the resident's room, where the ri-chair. LPN #1 stated, ot gooddid not appear" LPN #1 also stated, "my	F3	309	certification within thei 90 days of employment Training will be complet by the Staff Developme Coordinator or a Certified CPR instructor All POST forms were pla in plastic sleeves and lo at the front of the resid chart by Medical Record Supervisor on 5/11/12. One hundred percent or Licensed Nurses were inserviced by the Staff Development Coordinat on the POST form locati in the front of the chart protective plastic sleeve from 5/9/12-5/16/12. Licensed Nurses, Certifi Nursing Assistants, Diet housekeeping, mainten activities, social service therapists, business offi Administrator, admission	ted nt aced cated ent's ds f tor ion in a e ed cary, ance, s, ice, ons,	

			D HUMAN SERVICES IEDICAID SERVICES					0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
			445501	B. WII	NG_			C 8/2012
NAME OF P	ROVIDER OR SUPPLIER				1	FREET ADDRESS, CITY, STATE, ZIP CODE		
WEST HI	LLS HEALTH AND R	ЕНА	В		1	6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUS	ENT OF DEFICIENCIES OF BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	Continued From pa			F	309	resources were inserv 6/1/12-6/6/12 by the		
Interposition of the correct through and correct through the corre	station, and found LPN #1 stated RNa at the nurses static resident was a full and LPN #2 took the					Development Coordin and Assistant Director Nursing. All resident's forms, that classify th resident's Code status be placed in a plastic	of POST e s, will sleeve	
	p.m., in the DON's with advance direc	acility failed to immediately Resident #1, when the resident t breath or pulse on May 9, failed to honor the resident for a full code, and CPR was least five minutes. The CPR and the resident expired at				in the resident's Med Administration Recor and in the very front the resident's chart b	d of y	
	provide CPR for Rewas found without 2012. The facility is advance directive finot initiated for at least control of the contro					Medical Records. POS forms will be audited Medical Records with 24 hours of admission the next business day with any physician's of changes and during of	by nin n or order	
	The Immediate Jeopardy was effective from May 9, 2012 to May 16, 2012. An Acceptable Allegation of Compliance, which removed the immediacy of the jeopardy, was received and corrective actions were validated by the surveyor through review of documents, staff interviews, and observations conducted onsite on May 18, 2012. The surveyor verified the allegation of compliance by:					chart audits. Any sta have not been inserv due to vacation or Fa Medical Leave Act w inserviced prior to re to work.	ff that iced imily ill be	
	policy and procedu	res t	ices on resuscitation itled "Code Arrest" lay 9 to May 16, 2012.			Mock "Code Arrest" be completed by the of Nursing, Assistant of Nursing or Staff	Director	

		AND HUMAN SERVICES & MEDICAID SERVICES					APPROVED . 0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		445501	B. WII	NG _		100000000000000000000000000000000000000	C 05/18/2012	
	ROVIDER OR SUPPLIER	EHAB		6	REET ADDRESS, CITY, STATE, ZIP CODE 801 MIDDLEBROOK PIKE NOXVILLE, TN 37919			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 309	records had been a place the advance form) immediately i record. 3. Conducted intervente facility to verify and were oriented to	% of the current medical audited and reorganized to directives document (POST nside the front cover of the riews with all nurses present in 100% had been inserviced to the Code Arrest policy and less knew where to find the	F	309	Development Coordination on each shift monthly the next three months and/or until 100% come Results will be audited the Director of Nursing Staff Development Coordinator for complications of Nursing Assistants. Die Nursing Assistants. Die Nursing Assistants. Die Nursing Assistants.	for pliant. by and ance.		
 4. Interviewed the DON and the Staff Development Coordinator to verify the content of the Inservices and that 100% of staff had been inserviced on the Code Arrest policy and procedure. 5. Interviewed 100% of Certified Nursing Assistants (CNA) working and verified all had been inserviced and knew how to respond to a resident found without breath or pulse. 6. Interviewed the Medical Records Supervisor 			Nursing Assistants, Die housekeeping, mainter activities, social service therapists, business of Administrator, admissi medical records and horesources will be inserted. 4/12-6/6/12 by Lucir Troyer, J.D., B.A on Compassionate and Pe	nance, es, fice, ons, uman viced on nda R.				
	and the advance direct and on the frequency confirmed the Medicontinue to audit the confirm compliance. 7. Interview with the resident's advance least quarterly to en accurate. Non-compliance co	% of records had been audited rectives/POST form was ront of the record. Also cal Records Supervisor will e records for three months to a Social Worker verified each directives will be audited at sure the document is ntinues at a "D" level for citive actions. The facility is			Centered Training Hon Residents Life Choices Advance Directives. A staff unavailable due to Family Medical Leave A or vacation will be inserviced via audio recording of Ms. Troye inservice prior to retur to work.	oring and ny o Act r's		

4. All POST forms & physician's orders will be audited for accuracy and completion upon admission by the Medical Records Supervisor and placed in the front of the chart in a plastic sleeve for 3 months and/or until 100% compliant.

Each resident's POST form will be audited at least quarterly per their Plan of Care schedule by the Social Worker for 3 months and/or until 100% compliant.

Audits will be conducted on each "Code Arrest" for compliance with the "Code Arrest" policy and procedure by the Director of Nursing or Assistant Director of Nursing for 3 months and/or until 100% compliant.

Audits will be completed on all new admissions and new physician's orders by the Director of Nursing or Nursing Supervisor for 3 months and/or until 100% compliant beginning 5/11/12.

All staff will be trained on our "Code Arrest" policy and procedure during their orientation, as needed and at least annually by the Director of Nursing or Staff Development Coordinator. The Director of Nursing or Assistant Director of Nursing will audit the code status to include the Plan of Care with every new admission, quarterly and with any change in physician's orders for 3 months and/or until 100% compliant.

Any identified issues or concerns will be reported to the Director of Nursing or Assistant Director of Nursing immediately for review. Results of all audits will be reported to the Quality Assurance Performance Improvement Committee for 3 months and/or until100% compliance. The Quality Assurance Performance Improvement Committee is comprised of the Medical Director, Administrator, Director of Nursing, Medical Records Coordinator, Minimum Data Set Coordinator, Social Services, Activities, Dietary Manager, Environmental Services Supervisor, Maintenance Director, Business Office Manager, Admissions Director and Human Resources.

PRINTED. UDIDUIZUTZ DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 445501 05/18/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE WEST HILLS HEALTH AND REHAB KNOXVILLE, TN 37919 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 309 Continued From page 16 F 309 required to submit a plan of correction. F 323 483.25(h) FREE OF ACCIDENT F 323 6/6/12 SS=G HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced bv: Based on medical record review, Resident 1. Resident #1 no longer resides Incident Report review, and interview the facility failed to provide supervision and assistance to at facility as of 5/9/12. prevent the fall of one resident (#1) of twenty 2. The Director of Nursing and residents reviewed. the Assistant Director of The facility's failure to ensure adequate staff Nursing completed a 100% when changing the resident's bed resulted in the audit and update of all resident falling out of the bed and onto the floor. resulting in the resident requiring emergency resident's functional bed transport to a hospital. The resident was admitted mobility status on 5/18/12. to the hospital and had surgical repair of a fractured left hip.

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The findings included:

Anxiety, and Osteoporosis.

Medical record review revealed Resident #1 was initially admitted to the facility on July 16, 2005

Delusions, Vascular Heart Disease, Panniculitis,

with diagnoses of Hypertension, Lumbago,

Atherosclerotic Cardiovascular Disease,

Neuralgia, Depression, Failure to Thrive.

Event ID: LG2N11

Facility ID: TN4719

If continuation sheet Page 17 of 19

One hundred percent of

resident's Minimum Data Sets were audited for

functional status of bed

mobility by the Minimum

Data Set Nurse, Director

Supervisor 5/18/12- 5/28/12.

of Nursing and Nurse

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2012 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
	445501	B. WING		C 05/18/2012			
	ЕНАВ	STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X: COMPL DATE				
Review of the resident's Minimum Data Set (MDS) dated March 19, 2012, revealed the resident needed extensive assistance of two people for bed mobility (how resident moves to and from lying positions, turns side to side, and positions body while in bed). Review of Departmental Notes (computerized multi-disciplinary documentation) dated May 3, 2012, at 11:50 p.m. revealed, "resident rolled out of bed". Review of a Resident Incident Report, dated May 4, 2012, revealed, "CNA (Certified Nursing Assistant) was cleaning resident and resident started reaching for something and rolled out of bed." Further review of the report revealed CNA #2's written statement, dated May 4, 2012, which stated, "bed was wet so I went to change itI had (the resident) rolled over in the center of the bed and (the resident) went to grab for something on the bedsideand rolled off the bed before I could grab/stop" Review of hospital records revealed Resident #1 was admitted to the hospital on May 4, 2012, at 1:55 a.m., with diagnoses of Left ntertrochanteric/subtrochanteric hip fracture. Further review of the hospital record revealed the resident had surgical repair of the left hip on May 4, 2012. Medical record review revealed Resident #1's oom-mate, on May 3, 2012, was Resident #2.		PREFIX	Assistants Care Guin Resident's Plan of Guin audited and update ensure that they pureflected resident's mobility status per Minimum Data Set Minimum Data Set and Nursing Superscompleted this audited this audited in the set of Nursing, Assistant of Nursing, Assistant of Nursing and Nur Supervisors 5/18/1 3. Licensed Nurses and Certified Nursing A were inserviced by Director of Nursing	ides and Care were ed to roperly s bed the . The Nurse visor dit on hts were % of all rector of Director rsing 2-5/29/12. id sssistant's the g and			
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTE PROBLEM CONTINUED TO PARTIE PARTIE PROBLEM CONTINUED TO PARTIE PROBLEM CONTINUED TO PARTIE PA	A45501 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 Review of the resident's Minimum Data Set (MDS) dated March 19, 2012, revealed the resident needed extensive assistance of two people for bed mobility (how resident moves to and from lying positions, turns side to side, and positions body while in bed). Review of Departmental Notes (computerized multi-disciplinary documentation) dated May 3, 2012, at 11:50 p.m. revealed, "resident rolled out of bed" Review of a Resident Incident Report, dated May 4, 2012, revealed, "CNA (Certified Nursing Assistant) was cleaning resident and resident started reaching for something and rolled out of bed." Further review of the report revealed CNA #2's written statement, dated May 4, 2012, which stated, "bed was wet so I went to change itI had (the resident) rolled over in the center of the bed and (the resident) rolled over in the center of the bed and (the resident) went to grab for something on the bedsideand rolled off the bed before I could grab/stop" Review of hospital records revealed Resident #1 was admitted to the hospital on May 4, 2012, at 1:55 a.m., with diagnoses of Left Intertrochanteric/subtrochanteric hip fracture. Further review of the hospital record revealed the resident had surgical repair of the left hip on May	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 17 F 323	A BUILDING A BUILDING ROVIDER OR SUPPLIER ILLS HEALTH AND REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 Review of the resident's Minimum Data Set (MDS) dated March 19, 2012, revealed the resident needed extensive assistance of two people for bed mobility (how resident moves to and from lying positions, turns side to side, and positions body while in bed). Review of Departmental Notes (computerized multi-disciplinary documentation) dated May 3, 2012, at 11:50 p.m. revealed, "resident rolled out of bed." Computer started reaching for something and rolled out of bed." Further review of the report revealed CNA #2's written statement, dated May 4, 2012, which stated, "bed was wet so I went to change itI had (the resident) went to grab for something on the bedside and rolled over in the center of the bed and (the resident) went to grab for something on the bedside and rolled off the bed before I could grab/stop" Review of hospital records revealed Resident #1 was admitted to the hospital record revealed the resident review of the hospital record revealed the resident review of the report revealed the resident review of the hospital record revealed the resident review of the hospital record revealed the resident had surgical repair of the left hip on May 4, 2012. Medical record review revealed Resident #1's moom-mate, on May 3, 2012, was Resident #2. Medical record review of Resident #2. Medical record revi	A BUILDING A BUILDING B WING A BUILDING B WING STREET ADDRESS, CITY, STATE, 2IP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 Review of the resident's Minimum Data Set (MDS) dated March 19, 2012, revealed the resident needed extensive usasistance of two people for bed mobility (how resident moves to and from lying positions, turns side to side, and positions body while in bed). Review of Departmental Notes (computerized multi-disciplinary documentation) dated May 3, 2012, at 11:50 p.m. revealed, "resident rolled out of bed" Review of a Resident Incident Report, dated May 4, 2012, revealed, "CNA (Certified Nursing Assistant) was cleaning resident and resident started reaching for something and rolled out of bed and (the resident) went to grab for something on the bedsideand rolled over in the center of the bed and (the resident) went to grab for something on the bedsideand rolled off the bed before I could grab/stop" Review of hospital records revealed Resident #1 was admitted to the hospital record revealed the resident had surgical repair of the left hip on May 4, 2012. Medical record review revealed Resident #1's room-mate, on May 3, 2012, was Resident #2. Medical record review revealed Resident #1's room-mate, on May 3, 2012, was Resident #2. Medical record review revealed Resident #1's room-mate, on May 3, 2012, was Resident #2. Medical record review revealed Resident #1's room-mate, on May 3, 2012, was Resident #2. Medical record review revealed Resident #2. Medical record review revealed Resident #2. Medical record review revealed Resident #2.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 445501		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 05/18/2012	
	PROVIDER OR SUPPLIER		AB		6801 MIDE	RESS, CITY, STATE, ZIP CODE DLEBROOK PIKE .LE, TN 37919			
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MU	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR EACH CORRECTIVE ACTION S DSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 323	(highest cognitive resident is alert a Interview with ale May 15, 2012, at Resident #2 withe bed on May 3 statedobserved bed. Resident #2 side (door side) of turned onto the rethe opposite side standing. Reside standing on the lefe "jerking" the sheet when the resident bed and onto the heard Resident #2 state to help. Interview with the May 16, 2012, at confirmed the fac staff for bed mobile.	Mendond or transpersed of the side of the foot trouble floor. I cry do the Direct of the floor. I cry do the Direct of the floor of the	tal Status (BIMS) at 15 tioning score, indicating the iented). If oriented Resident #2, on a.m. in room 210, revealed Resident #1 falling from 2. Resident #2 42 changing Resident #1's ed CNA #2 was on the left bed, and had Resident #1 nt's right side, positioned on e bed where CNA #2 was stated CNA #2 was e of the bed and was from under the resident d off the right side of the Resident #2 stated she out, "help me, help me". CNA went and got nurses ctor of Nurses (DON), on p.m., in the DON's office, ailed to provide adequate or Resident #1, which he bed and a hip fracture	F	323	Development Coord on completing a bed change and bed mol with residents requitive staff members \$5/28/12. The residence be identified on the Nursing Assistant's Cand the Resident's Particled Assistant that has not inserviced due to vasor Family Medical Lewill be inserviced protection of Nurses were inserviced on complete Fall Risk Assessmupon admission, after every fall and quarter by the Assistant Direction of Nursing and Staff Development Coord 6/4/12-6/6/12.	bility ring 5/18/12- nts will Certified Care Guide Plan of Nursing ot been cation eave Act ior to re eting nent er erly ector		
					4	. The Director of Nurs Assistant Director of Nursing or Nurse Ma	f anagers		

functional status for bed mobility and incontinence care with all new admissions and any physician's order changes for bed mobility and incontinence care to ensure residents that require two staff members will be identified on the Certified Nursing Assistants Care Guide and resident's Plan of Care for 3 months and/or until 100% compliance.

An audit will be completed by the Director of Nursing or Assistant Director of Nursing on each admission, quarterly and after each fall for a Fall Risk Assessment for 3 months and/or until 100% compliance.

An audit will be completed by the Minimum Data Set Nurse on the functional status for bed mobility on each new admission and significant change for 3 months and/or until 100% compliance.

Any identified issues or concerns will be reviewed and results of all audits will be reported to the Quality Assurance Performance Improvement Committee for 3 months and/or until 100% compliance. The Quality Assurance Performance Improvement

Committee is comprised of the Medical Director,
Administrator, Director of Nursing, Medical Records
Coordinator, Minimum
Data Set Coordinator, Social
Services, Activities, Dietary
Manager, Environmental
Services Supervisor,
Maintenance Director, Business
Office Manager, Admissions
Director and Human Resources.